

LCA – College Travel Award Application

The following checklist items must be attached and submitted with the application:

- Abstract of the paper/poster to be presented.
- Letter/email which lists the date and place of the conference and states the acceptance for presentation through a **peer reviewed/juried process**.
- An estimate/quote for your roundtrip airfare from the San Francisco Bay Area to the city/state/country in which conference is being held, e.g. online itinerary, airline booking confirmation. An estimate/quote for your lodging in which conference is being held, e.g. online lodging cost, lodging booking confirmation. For lodging costs exceeding \$275/night, submit an approved [Authorization for Exception to the Travel Policy](#). An estimation of conference registration, per diem, and miscellaneous travel cost.
- After approval, log into Concur to initiate travel request and upload all supporting documents

For further information, please contact Kelly Trinh at ktrinh@sfsu.edu or at (415) 338-7764. **Reminder, reimbursement is only up to \$1,200**

Applicant Information

| | | | |
|-----------------------|----------------------------|---------------------------|------------------|
| Applicant Name | | Today's Date | |
| Phone Number | Email | Department | College |
| Home Address | | City, State | Zip Code |
| Academic Rank | Year of Appointment | Tenured? Yes or No | SFSU ID # |

Travel Plans

| | | |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------|
| Departure City | | Destination (City, State, Country) |
| Title of Conference/Meeting | | Name of Organization Sponsoring the Conference/Meeting |
| Date(s) of Meeting | | Place of Meeting (Institution, Convention Center, etc.) |
| Total Cost (Please attach budget proposal including airfare, lodging, registration, per diem, & misc travel.) | Type of Presentation (Oral, Poster, etc.) | Title of Presentation |

Applicant Signature: _____ **Date:** _____

Department Chair Signature: _____ **Date:** _____

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|-----------------------------------------------------------------------------|-----------------------------|
| LCA – FINANCE USE ONLY | <u>Date Received</u> |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied: _____ | |
| Approving Official Signature: _____ | |